REISSUE PATENT APPLICATION TRANSMITTAL (DIVISIONAL OF 10/124,934), presently abandoned, petition for revival submitted herewith)

Address to:

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.	97-rTRN-366 Re#1 Div #1
First Named Inventor	Ronald K. Markyvech
Original Patent Number	6,067,871
Original Patent Issue Date (Month/Day/Year)	05/30/03
Express Mail Label No.	EU350692205US

APPLICATION FOR REISSUE OF:
(Check applicable box)   ☑ Utility Patent   ☐ Design Patent   ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☑ Fee Transmittal Form *(PTO/SB/56)*
   (Submit an original, and a duplicate for fee processing)

2. ☐ Applicant claims small entity status. See 37 CFR 1.27.

3. ☑ Specification and Claims in double column copy of patent format *(amended, if appropriate)*

4. ☑ Drawing(s) *(proposed amendments, if appropriate)*

5. ☑ Reissue Oath/Declaration (original or copy) (37 CFR 1.175) *(PTO/SB/51 or 52)*

6. ☑ Power of Attorney (copy)

7. ☑ Original U.S. Patent currently assigned? ☐ Yes ☐ No
   (If Yes, check applicable box(es))

   ☑ Written Consent of all Assignees *(PTO/SB/53)* (copy)

   ☑ 37 CFR 3.73(b) Statement (copy) *(PTO/SB/96)*

8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table

9. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all of the following are necessary)*

   a. ☐ Computer Readable Form (CFR)
   b. Specification Sequence Listing on:
      i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
      ii ☐ paper

   c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).

11. ☑ Original Patent Grant

   ☑ Ribboned Original Patent Grant –on file in US App. 10/124,934)
   ☐ Statement of Loss (PTO/SB/55)

12. ☐ Foreign Priority Claim *(35 U.S.C. 119)* *(if applicable)*

13. ☑ Information Disclosure Statement (IDS)/PTO-1449   ☑ Copies of IDS Citations

14. ☐ English Translation of Reissue Oath/Declaration *(if applicable)*

15. ☑ Preliminary Amendment

16. ☐ Return Receipt Postcard *(MPEP 503)* *(Should be specifically itemized)*

17. Other: _____

18. CORRESPONDENCE ADDRESS

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Signature	*[signature]*	Date	9/5/03

PTO/SB/56 (08-03)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
97-rTRN-366 Re1 Div1

Claims as Filed – Part 1

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Small Entity Fee		Other than a Small Entity Rate	Other than a Small Entity Fee
Total Claims (37 CFR 1.16(j))	(A) 7	(B) 7	**** 0 =	x $____ =		or	x $____ =	0.00
Independent claims (37 CFR 1.16(i))	(C) 4	(D) 4	* 0 =	x $____ =			x $____ =	0.00
			Basic Fee (37 CFR 1.16(h))	$____				$ 750.00
			Total Filing Fee	$____			OR	$ 750.00

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Small Entity Fee		Other than a Small Entity Rate	Other than a Small Entity Fee
Total Claims (37 CFR 1.16(j))	*** 13	MINUS	** 20	* =	X $ 0 =			x $____ =	
Independent Claims (37 CFR 1.16(i))	*** 7	MINUS	***** 4	=	x $ 3 =			x $ 84.00 =	252.00
			Total Additional Fee		$			OR	$ 252.00

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).
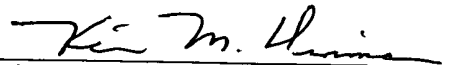
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☑ Please charge Deposit Account Number 05-0275 in the amount of $1,002.00 .
A duplicate copy of this sheet is enclosed.

☑ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 05-0275 .
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of $ _____ to cover the filing/additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit cad information and authorization on PTO-2038.

9/5/03
Date

Signature of Applicant, Attorney or Agent of Record

35193
Registration Number, if applicable

Kevin M. Hinman
Typed or printed name